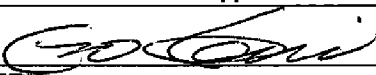


REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/571,511-Conf. #8941
	Filing Date	January 8, 2007
	First Named Inventor	Toshio DOI
	Art Unit	N/A
	Examiner Name	Not Yet Assigned
	Attorney Docket Number	3749-0124PUS1

I hereby revoke all previous powers of attorney given in the above-identified application.			
<input type="checkbox"/> A Power of Attorney is submitted herewith. OR <input checked="" type="checkbox"/> I hereby appoint the practitioners associated with the Customer Number: <input type="text" value="02292"/>			
<input checked="" type="checkbox"/> Please change the correspondence address for the above-identified application to: <input checked="" type="checkbox"/> The address associated with Customer Number: <input type="text" value="02292"/> OR			
<input type="checkbox"/> Firm or Individual Name			
Address			
City			
Country	State	Zip	
Telephone	Email		
I am the: <input type="checkbox"/> Applicant/Inventor. <input checked="" type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71. <i>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)</i>			
SIGNATURE of Applicant or Assignee of Record			
Signature			
Printed Name	Go ICHIEN Hubit Genomix, Inc.		
Date	April 11, 2008	Telephone	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.			
<input checked="" type="checkbox"/>	*Total of <u>2</u> forms are submitted.		